

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

MIKE JOHNSON FOR LOUISIANA

ADDRESS (number and street)

2900 CLEARVIEW PKWY

SUITE 206



Check if different than previously reported. (ACC)

METAIRIE

LA

70006

2. FEC IDENTIFICATION NUMBER ▼

C

C00608695

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2016

through

M M / D D / Y Y Y Y

03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer WILLIAM VANDERBROOK

Signature of Treasurer

WILLIAM VANDERBROOK

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

MIKE JOHNSON FOR LOUISIANA

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	155380.00	155380.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	155380.00	155380.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13756.14	13756.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	13756.14	13756.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	141623.86	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 55

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MIKE JOHNSON FOR LOUISIANA

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01		01		2016

To:

M M	/	D D	/	Y Y Y Y
03		31		2016

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

145050.00

145050.00

(ii) Unitemized.....

7330.00

7330.00

(iii) TOTAL of contributions from individuals ▶

152380.00

152380.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

3000.00

3000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

155380.00

155380.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

155380.00

155380.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 55

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13756.14	13756.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13756.14	13756.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	155380.00
25. SUBTOTAL (add Line 23 and Line 24).....	155380.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13756.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	141623.86

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

TOM ARCENEAUX

Mailing Address 536 JORDAN ST.

City

SHREVEPORT

State

LA

Zip Code

71101

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLANCHARD, WALKER, O'QUIN

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4437

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ERIC ARMAN

Mailing Address 212 GRAND LAKES DR.

City

BATON ROUGE

State

LA

Zip Code

70810

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHWESTERN MUTUAL LIFE

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JAMES P. BARNARD

Mailing Address P.O. BOX 53377

City

SHREVEPORT

State

LA

Zip Code

71135

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PLUMBING & AIR CONDITIONING CONTRAC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
ROSS BARRETT

Mailing Address 450 PIERREMONT RD.

City SHREVEPORT	State LA	Zip Code 71106
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BVM CAPITAL	Occupation GENERAL PARTNER
---------------------------------	-------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4290

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
KATHLEEN BENFIELD

Mailing Address 10505 ALAN ST.

City RIVER RIDGE	State LA	Zip Code 70123
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation COMPUTER CONSULTANT
-----------------------------------	-----------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
RYAN BOOTH

Mailing Address 12901 JEFFERSON HWY
APT. 234

City BATON ROUGE	State LA	Zip Code 70816
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MATHNASIUM OF BATON ROUGE	Occupation OWNER
---	---------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

RYAN BOOTH

Mailing Address 12901 JEFFERSON HWY

APT. 234

City

BATON ROUGE

State

LA

Zip Code

70816

FEC ID number of contributing
federal political committee.

C

Name of Employer

MATHNASIUM OF BATON ROUGE

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2016

Transaction ID : SA11AI.4325

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KENNETH BRISTER

Mailing Address 318 MORGAN ST.

City

LAKE PROVIDENCE

State

LA

Zip Code

71254

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRISTER & BRISTER, APLC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4439

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JODI BURNS

Mailing Address 10420 WALLACE LAKE RD.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEART OF HOPE MINISTRIES, INC.

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....

550.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial) SAMUEL CAMP			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>25</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		25		2016
M M M	/	D D D	/	Y Y Y Y Y Y										
03		25		2016										
Mailing Address 139 BODET LN.			Transaction ID : SA11AI.4372											
City COVINGTON	State LA	Zip Code 70433	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table>		2700.00									
2700.00														
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item											
Name of Employer RETIRED		Occupation RETIRED												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table>			2700.00									
2700.00														

B. Full Name (Last, First, Middle Initial) EDGAR CASON			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>04</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		04		2016
M M M	/	D D D	/	Y Y Y Y Y Y										
03		04		2016										
Mailing Address 5129 HWY 507			Transaction ID : SA11AI.4234											
City COUSHATTA	State LA	Zip Code 71019	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table>		2700.00									
2700.00														
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item											
Name of Employer CASON TIMBER & CATTLE CO.		Occupation OWNER												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table>			2700.00									
2700.00														

C. Full Name (Last, First, Middle Initial) EDGAR CASON			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>04</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		04		2016
M M M	/	D D D	/	Y Y Y Y Y Y										
03		04		2016										
Mailing Address 5129 HWY 507			Transaction ID : SA11AI.4236											
City COUSHATTA	State LA	Zip Code 71019	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table>		2700.00									
2700.00														
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item											
Name of Employer CASON TIMBER & CATTLE CO.		Occupation OWNER												
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">5400.00</td> </tr> </table>			5400.00									
5400.00														

SUBTOTAL of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">8100.00</td> </tr> </table>		8100.00				
8100.00									
TOTAL This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>						

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
EDGAR CASON

Mailing Address 5129 HWY 507

City COUSHATTA	State LA	Zip Code 71019
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FEC ID number of contributing federal political committee. **C**

Name of Employer CASON TIMBER & CATTLE CO.	Occupation OWNER
---	---------------------

Receipt For: 2016
☐ Primary ☐ General
☒ Other (specify) Runoff

Election Cycle-to-Date
8100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period

2700.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
FLORA CASON

Mailing Address 5129 HWY 507

City COUSHATTA	State LA	Zip Code 71019
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FEC ID number of contributing federal political committee. **C**

Name of Employer CASON TIMBER & CATTLE CO.	Occupation OWNER
---	---------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period

2700.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
FLORA CASON

Mailing Address 5129 HWY 507

City COUSHATTA	State LA	Zip Code 71019
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CASON TIMBER & CATTLE CO.	Occupation OWNER
---	---------------------

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

FLORA CASON**A.**

Mailing Address 5129 HWY 507

City

COUSHATTA

State

LA

Zip Code

71019

FEC ID number of contributing
federal political committee.

C

Name of Employer

CASON TIMBER & CATTLE CO.

Occupation

OWNER

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Runoff

Election Cycle-to-Date

8100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

STEPHEN CAUDLE**B.**

Mailing Address 500 AUDUBON CIRCLE

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

LINE AVENUE PHARMACY

Occupation

OWNER

Receipt For: 2016

☒ Primary☐ General☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SUSAN CAUDLE**C.**

Mailing Address 500 AUDUBON CIRCLE

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

LINE AVENUE PHARMACY

Occupation

OWNER

Receipt For: 2016

☒ Primary☐ General☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

HAROLD COATES

A.

Mailing Address 6117 LOVERS LANE

City

SHREVEPORT

State

LA

Zip Code

71105

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RODNEY M. COLLIER

B.

Mailing Address 521 MERRITT RD.

City

BENTON

State

LA

Zip Code

70006

FEC ID number of contributing
federal political committee.

C

Name of Employer

COLLIER INVESTMENTS

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SARAH COLLIER

C.

Mailing Address 521 MERRITT RD.

City

BENTON

State

LA

Zip Code

71006

FEC ID number of contributing
federal political committee.

C

Name of Employer

COLLIER INVESTMENTS

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4578

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

CHRISTOPHER COSSE

Mailing Address 463 RAILSBACK ST.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

COSSE & SILMON

Occupation

ORTHODONTIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4535

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CLAY CRENSHAW

Mailing Address 25 DUCK HAVEN POINTE

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

DIABETES ASSESSMENT & MGMT

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TERESIA CRENSHAW

Mailing Address 25 DUCK HAVEN POINTE

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4303

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
CHARLIE DAVIS

Mailing Address 10371 DUNN DR.

City State Zip Code
BATON ROUGE LA 70810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LIQUID VENTURES PRESIDENT

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
DODIE HORTON CAMPAIGN FUND

Mailing Address P.O. BOX 537

City State Zip Code
PRINCETON LA 71067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
520.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4588

Amount of Each Receipt this Period

500.00

☐ Memo Item

NONFEDERAL FUNDS - FROM PERMISSABLE FUNDS

C. Full Name (Last, First, Middle Initial)
NEWT DORSETT

Mailing Address 220 TRAVIS ST.

City State Zip Code
SHREVEPORT LA 71101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOUTEX PRODUCTION CO. PRESIDENT

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4466

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
KYLE DUNCAN

Mailing Address 1607 EVERS DR.

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4470

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
TERRY ELSTON

Mailing Address 6800 QUERBES DR.

City SHREVEPORT	State LA	Zip Code 71106
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TERRY ELSTON, BUILDER	Occupation PRESIDENT
---	-------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2016

Transaction ID : SA11AI.4258

Amount of Each Receipt this Period

2700.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
JIMMY R. FAIRCLOTH Jr.

Mailing Address 4450 STILLMEADOW LANE

City PINEVILLE	State LA	Zip Code 71360
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FAIRCLOTH, MELTON & SOBEL, LLC	Occupation FOUNDER & MANAGING PARTNER
--	--

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

JOHN FERTITTA

Mailing Address 152 WATERS EDGE DR.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

PFIZER PHARMACEUTICALS

Occupation

INSTITUTIONAL SPECIALIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4560

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MICHAEL FLEMING

Mailing Address 556 DUNMORELAND DR.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANTIDOTE EDUCATION COMPANY

Occupation

CHIEF MEDICAL OFFICER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MICHAEL FLEMING

Mailing Address 556 DUNMORELAND DR.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANTIDOTE EDUCATION COMPANY

Occupation

CHIEF MEDICAL OFFICER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2016

Transaction ID : SA11AI.4266

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

SALLY FLEMING

Mailing Address 556 DUNMORELAND DR.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2016

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JEFF FREE

Mailing Address 507 HUNTERS RUN

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

COLDWELL BANKER

Occupation

BROKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4514

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

G. CARLTON GOLDEN Jr.

Mailing Address 4461 VIKING DR.

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

BUILDERS SUPPLY CO INC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2016

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

1500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....

2250.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 17 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

MICHAEL GRAY

Mailing Address P.O. BOX 6202

City

METAIRIE

State

LA

Zip Code

70009

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRAY INSURANCE CO.Occupation
INSURANCE EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2016

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

L. LANE GRIGSBY

Mailing Address P.O. BOX 104

City

BATON ROUGE

State

LA

Zip Code

70821

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAJUN INDUSTRIES, LLCOccupation
CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : SA11AI.4103

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

L. LANE GRIGSBY

Mailing Address P.O. BOX 104

City

BATON ROUGE

State

LA

Zip Code

70821

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAJUN INDUSTRIES, LLCOccupation
CHAIRMAN

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
LANCE HARRIS

Mailing Address 5503 C JOHN ESKEW DR.

City ALEXANDRIA	State LA	Zip Code 71303
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LEEBO'S	Occupation OWNER
-----------------------------	---------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER RYAN HAYGOOD

Mailing Address 110 HAWKS POND RD.

City NEW BERN	State NC	Zip Code 28562
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation DENTIST
-----------------------------------	-----------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2016

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period

1500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
RANDY HAYNIE

Mailing Address 108 WATERSIDE DR.

City LAFAYETTE	State LA	Zip Code 70505
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HAYNIE & ASSOCIATES	Occupation PRESIDENT
---	-------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

BETSY HENDERSON**A.**

Mailing Address 566 SPRING LAKE CIR

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4545

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WILLIAM A. HENDERSON**B.**

Mailing Address 566 SPRING LAKE CIRCLE

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WILLIAM A. HENDERSON**C.**

Mailing Address 566 SPRING LAKE CIRCLE

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4544

Amount of Each Receipt this Period

1700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

DENISE R. HINTZ**A.**

Mailing Address 1301 BAY RIDGE DR.

City

BENTON

State

LA

Zip Code

71006

FEC ID number of contributing
federal political committee.

C

Name of Employer

TANDEM ANESTHESIA, LLC

Occupation

CERTIFIED REGISTERED NURSE ANESTHE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JAMES HOBLEY**B.**

Mailing Address 3217 MABEL ST.

City

SHREVEPORT

State

LA

Zip Code

71103

FEC ID number of contributing
federal political committee.

C

Name of Employer

GASTROINTESTINAL SPECIALISTS

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4520

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PAUL HOLLIS**C.**

Mailing Address 108 GRANDE MAISON BLVD

City

MANDEVILLE

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer

LA HOUSE OF REPRESENTATIVES

Occupation

REPUBLICAN MEMBER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4435

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

HOME BUILDERS ASSOCIATION OF NORTHWEST LOUISIANA STATE PAC**A.**

Mailing Address 2038 EAST 70TH ST.

City

SHREVEPORT

State

LA

Zip Code

71105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period

1000.00

☐ Memo Item**NONFEDERAL FUNDS - FROM PERMISSABLE FUNDS**

Full Name (Last, First, Middle Initial)

GARY HUBBARD**B.**

Mailing Address 2310 WESLEY CIRCLE

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HUBBARD INVESTMENTS, LLC

MANAGER

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4501

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DAVID INGERSON**C.**

Mailing Address 426 BRIGHTON CT

City

SHREVEPORT

State

LA

Zip Code

71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AD AVIATION, LLC

PRESIDENT

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2016

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

DAVID INGERSON

Mailing Address 426 BRIGHTON CT

City

SHREVEPORT

State

LA

Zip Code

71115

FEC ID number of contributing
federal political committee.

C

Name of Employer
AD AVIATION, LLCOccupation
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JOHN D. & ERIC G. JOHNSON LAW FIRM, LLC

Mailing Address 303 GREEN ST.

City

MINDEN

State

LA

Zip Code

71058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period

500.00

☐ Memo Item

PARTNERSHIP

Full Name (Last, First, Middle Initial)

ERIC G. JOHNSON

Mailing Address 303 GREEN ST.

City

MINDEN

State

LA

Zip Code

71058

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4570.0

Amount of Each Receipt this Period

500.00

☒ Memo ItemPARTNER AT JOHN D. & ERIC G. JOHNSON LAW
FIRM, LLC**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

ROGER JOHNSON

A.

Mailing Address 5624 HWY 71 N

City

SHREVEPORT

State

LA

Zip Code

71107

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH SHREVE ENTERPRISES, INC.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ROGER JOHNSON

B.

Mailing Address 5624 HWY 71 N

City

SHREVEPORT

State

LA

Zip Code

71107

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH SHREVE ENTERPRISES, INC.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ROGER JOHNSON

C.

Mailing Address 5624 HWY 71 N

City

SHREVEPORT

State

LA

Zip Code

71107

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH SHREVE ENTERPRISES, INC.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANAFull Name (Last, First, Middle Initial)
A. JULIE STOKES CAMPAIGN INC

Mailing Address 13 CHATEAU RUE DU JARDIN

City	State	Zip Code
KENNER	LA	70065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4590

Amount of Each Receipt this Period

500.00

☐ Memo Item

NONFEDERAL FUNDS - FROM PERMISSABLE FUNDS

Full Name (Last, First, Middle Initial)
B. FRANK L. KELLY

Mailing Address 4041 WOODWAY DR.

City	State	Zip Code
BENTON	LA	71006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4574

Amount of Each Receipt this Period

250.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
C. DAVID KENDRICK

Mailing Address 405 ASHLEY RIDGE BLVD

City	State	Zip Code
SHREVEPORT	LA	71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

THE SUMMIT GROUP

PARTNER & FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4586

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
PAUL E. KITCHENS

Mailing Address 411 GARRISON TRAIL

City	State	Zip Code
MINDEN	LA	71058

FEC ID number of contributing
federal political committee.

C

Name of Employer
KITCHENS LAW FIRM, APLCOccupation
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4313

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
RAYMOND J. LASSEIGNE

Mailing Address 341 AUTUMN RIDGE DR.

City	State	Zip Code
BOSSIER CITY	LA	71111

FEC ID number of contributing
federal political committee.

C

Name of Employer
TMR EXPLORATION, INC.Occupation
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
CHRISTIAN LEWIS

Mailing Address P.O. BOX 53365

City	State	Zip Code
LAFAYETTE	LA	70505

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2016

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

DAVID SCOTT MADDEN

A.

Mailing Address P.O. BOX 856

City

MINDEN

State

LA

Zip Code

71058

FEC ID number of contributing
federal political committee.

C

Name of Employer

MADDEN CONTRACTING CO.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4584

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PAMELA S. MARTIN

B.

Mailing Address 749 HAZELWOOD DR.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ROBERT T. MARTIN

C.

Mailing Address 749 HAZELWOOD DR.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIERREMONT CARDIOLOGY

Occupation

CARDIOLOGIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

ROY O. MARTIN III

Mailing Address P.O. BOX 1110

City

ALEXANDRIA

State

LA

Zip Code

71301

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROYOMARTIN

Occupation

PRESIDENT & CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period

2600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

W. BROOKS MAY

Mailing Address 901 PIERREMONT RD.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNITED TITLE OF LOUISIANA, INC

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4288

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHARLES MCMAINS

Mailing Address 2525 PALM HILLS BLVD.

City

BATON ROUGE

State

LA

Zip Code

70809

FEC ID number of contributing
federal political committee.

C

Name of Employer

JONES WALKER

Occupation

COUNSEL

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2016

Transaction ID : SA11AI.4369

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

JAMES A. MCMENIS

Mailing Address 7851 OAK CREEK TRL

City

SHREVEPORT

State

LA

Zip Code

71129

FEC ID number of contributing
federal political committee.

C

Name of Employer

WORD OF GOD MINISTRIES

Occupation

PASTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4270

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TODD MILLER

Mailing Address 22110 RABBIT RUN DR.

City

BATON ROUGE

State

LA

Zip Code

70817

FEC ID number of contributing
federal political committee.

C

Name of Employer

COASTAL CORROSION CONTROL, INC

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4468

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GENE MILLS

Mailing Address 881 RIVER RD.

City

SUNSHINE

State

LA

Zip Code

70780

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOUISIANA FAMILY FORUM

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4582

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

MARION MILSTEAD

Mailing Address 505 SOUTHFIELD RD.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ORTHOPEDIC SURGEON

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2016

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LANE R. MOORE

Mailing Address 600 PARLANGE CIRCLE

City

SHREVEPORT

State

LA

Zip Code

71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHWEST BAPTIST ASSOC.

Occupation

MINISTER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4305

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LANE R. MOORE

Mailing Address 600 PARLANGE CIRCLE

City

SHREVEPORT

State

LA

Zip Code

71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHWEST BAPTIST ASSOC.

Occupation

MINISTER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2016

Transaction ID : SA11AI.4336

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

ESPERANZA MORAN**A.**

Mailing Address 1090 WATERS EDGE CIRCLE

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ESPERANZA MORAN**B.**

Mailing Address 1090 WATERS EDGE CIRCLE

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ESPERANZA MORAN**C.**

Mailing Address 1090 WATERS EDGE CIRCLE

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) Runoff

Election Cycle-to-Date

8100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
FRANK SCOTT MORAN

Mailing Address P.O. BOX 4848

City State Zip Code
SHREVEPORT LA 71134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED INVESTMENTS

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period

2700.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
FRANK SCOTT MORAN

Mailing Address P.O. BOX 4848

City State Zip Code
SHREVEPORT LA 71134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED INVESTMENTS

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period

2700.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
FRANK SCOTT MORAN

Mailing Address P.O. BOX 4848

City State Zip Code
SHREVEPORT LA 71134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED INVESTMENTS

Receipt For: 2016
☐ Primary ☐ General
☒ Other (specify) Runoff

Election Cycle-to-Date
8100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

WILLIAM MORRIS

A.

Mailing Address 104 BELLE MAISON

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

PICKETT INDUSTRIES, LLC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KRISTA P. MOSURA

B.

Mailing Address 1756 TURNING LEAF DR.

City

HAUGHTON

State

LA

Zip Code

71037

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHOTOGRAPHER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4296

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MATTHEW MOSURA

C.

Mailing Address 1756 TURNING LEAF DR.

City

HAUGHTON

State

LA

Zip Code

71037

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4294

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
BRYCE NEIER

Mailing Address 3687 MACQUEEN CT

City FAYETTEVILLE	State NC	Zip Code 28314
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4431

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
JOHN G. NOLES

Mailing Address 11062 GABRIELS PATH

City SHREVEPORT	State LA	Zip Code 71106
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RIVER CITIES PAIN SPECIALISTS	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period

2700.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
JOHN G. NOLES

Mailing Address 11062 GABRIELS PATH

City SHREVEPORT	State LA	Zip Code 71106
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RIVER CITIES PAIN SPECIALISTS	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2016

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

JAMES PARSONS

A.

Mailing Address 2426 ORMOND DR.

City

UNION

State

KY

Zip Code

41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

FOCUSED CAPITOL SOLUTIONS, LLC

Occupation

DIRECTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JOHN PENCE

B.

Mailing Address 8145 HEATHERWOOD DR.

City

FLORENCE

State

KY

Zip Code

41042

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANSWERS IN GENESIS

Occupation

GENERAL COUNSEL

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4447

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ANTHONY PERKINS

C.

Mailing Address P.O. BOX 78141

City

BATON ROUGE

State

LA

Zip Code

70837

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAMILY RESEARCH COUNCIL

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2016

Transaction ID : SA11AI.4381

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA**A.** Full Name (Last, First, Middle Initial)
PILGREEN WEALTH MANAGEMENT LLC

Mailing Address 10865 LONGFELLOW TRACE

City	State	Zip Code
SHREVEPORT	LA	71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period

350.00

☐ Memo Item
 PARTNERSHIP
B. Full Name (Last, First, Middle Initial)
JOHN RODNEY PILGREEN Jr.

Mailing Address 10865 LONGFELLOW TRACE

City	State	Zip Code
SHREVEPORT	LA	71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

PILGREEN WEALTH MANAGEMENT LLC

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4274.0

Amount of Each Receipt this Period

350.00

☒ Memo Item
 PARTNER AT PILGREEN WEALTH MANAGEMENT LLC
C. Full Name (Last, First, Middle Initial)
TEDDY R. PRICE

Mailing Address P.O. BOX 1438

City	State	Zip Code
WINNFIELD	LA	71483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CENTRAL MANAGEMENT COMPANY

NURSING FACILITY OPERATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period

2700.00

☐ Memo Item
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

TEDDY R. PRICE**A.**

Mailing Address P.O. BOX 1438

City

WINNFIELD

State

LA

Zip Code

71483

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL MANAGEMENT COMPANY

Occupation

NURSING FACILITY OPERATOR

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4549

Amount of Each Receipt this Period

2300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WENDY RASMUSSEN**B.**

Mailing Address 30 WILSHIRE DR.

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY HEALTH

Occupation

REGISTERED NURSE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4444

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WILLIAM ROCK**C.**

Mailing Address 540 HUNTERS RUN

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
SHANE RODGERS

Mailing Address 515 FALL WINDS

City BOSSIER CITY	State LA	Zip Code 71111
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SHANE'S SEAFOOD & BBQ	Occupation OWNER
---	---------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4518

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
PAUL J. ROSS

Mailing Address 9411 PRESTONWOOD CIR.

City SHREVEPORT	State LA	Zip Code 71115
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BOBCAT PIPE & SUPPLY	Occupation OWNER
--	---------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
PHILLIP A. ROZEMAN

Mailing Address 510 LONGLEAF RD.

City SHREVEPORT	State LA	Zip Code 71106
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDIOVASCULAR CONSULTANTS	Occupation CARDIOLOGIST
--	----------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2016

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 38 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

CHRIS SCHILLAGE

A.

Mailing Address 10015 GOODLAND CIR

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNSON & JOHNSON

Occupation

SPINE SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ELIZABETH SCHROEDER

B.

Mailing Address 440 KINGSTON RD.

City

BENTON

State

LA

Zip Code

71006

FEC ID number of contributing
federal political committee.

C

Name of Employer

AIR EXPERTS, LLC

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4499

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FRANK SINAGRA

C.

Mailing Address 4121 PERIWINKLE LN

City

BENTON

State

LA

Zip Code

71006

FEC ID number of contributing
federal political committee.

C

Name of Employer

PICKETT INDUSTRIES, LLC

Occupation

CFO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4478

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

WILLIAM PAUL SLATTERY

A.

Mailing Address 3663 FAIRFIELD AVE.

City

SHREVEPORT

State

LA

Zip Code

71104

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period

550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ALLISON F. SMITH

B.

Mailing Address 4018 PINEWOOD ST.

City

BENTON

State

LA

Zip Code

71006

FEC ID number of contributing
federal political committee.

C

Name of Employer

COLDWELL BANKER

Occupation

REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4580

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TREY SMITH

C.

Mailing Address 1014 SAINT TAMMANY CT.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

IVAN SMITH FURNITURE

Occupation

VP OF OPERATIONS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
TREY SMITH

Mailing Address 1014 SAINT TAMMANY CT.

City SHREVEPORT	State LA	Zip Code 71106
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer IVAN SMITH FURNITURE	Occupation VP OF OPERATIONS
--	--------------------------------

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period

2700.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
KERRI SOUD

Mailing Address 14098 EDISTO CT.

City JACKSONVILLE	State FL	Zip Code 32224
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2016

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period

1500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
CRAIG C. SPOHN

Mailing Address 1215 BAY RIDGE DR.

City BENTON	State LA	Zip Code 71006
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CYBER INNOVATIONS CENTER	Occupation EXECUTIVE DIRECTOR
--	----------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

CHRISTOPHER ST.PIERRE

Mailing Address 102 SOUTH DR.

City

FAIRHOPE

State

AL

Zip Code

36532

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11Al.4530

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE GREENWALD LAW FIRM, LLC

Mailing Address 3341 YOUREE DR.

SUITE 112

City

SHREVEPORT

State

LA

Zip Code

71105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		09		2016

Transaction ID : SA11Al.4246

Amount of Each Receipt this Period

500.00

☐ Memo Item

PARTNERSHIP

Full Name (Last, First, Middle Initial)

JOSEPH W. GREENWALD

Mailing Address 3341 YOUREE DR.

SUITE 112

City

SHREVEPORT

State

LA

Zip Code

71105

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREENWALD LAW FIRM, LLC

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		09		2016

Transaction ID : SA11Al.4246.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

PARTNER AT GREENWALD LAW FIRM, LLC

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

KENDALL M. THOMAS

Mailing Address 6014 HORTON AVE.

City

SHREVEPORT

State

LA

Zip Code

71105

FEC ID number of contributing
federal political committee.

C

Name of Employer

WILLIS KNIGHTON HEALTH SYSTEM

Occupation

PHYSICIAN ASSISTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4576

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHRIS TILLEY

Mailing Address 2988 DALE DR.

City

ATLANTA

State

GA

Zip Code

30305

FEC ID number of contributing
federal political committee.

C

Name of Employer

REGIONS BANK

Occupation

MORTGAGE BANKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2016

Transaction ID : SA11AI.4379

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THOMAS TRAWICK

Mailing Address 4524 FAIRFIELD AVE.

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUND PHYSICIANS

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANAA. Full Name (Last, First, Middle Initial)
RUSSELL H. VAN NORMAN III

Mailing Address 471 ASHLEY RDG

City	State	Zip Code
SHREVEPORT	LA	71106

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHREVEPORT EYE CLINICOccupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period

500.00

☐ Memo ItemB. Full Name (Last, First, Middle Initial)
CHRISTOPHER T. VICTORY

Mailing Address 244 WEDGEWOOD DR.

City	State	Zip Code
SHREVEPORT	LA	71105

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEABAUGH LAW FIRMOccupation
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period

500.00

☐ Memo ItemC. Full Name (Last, First, Middle Initial)
NANCY C. VICTORY

Mailing Address 244 WEDGEWOOD DR.

City	State	Zip Code
SHREVEPORT	LA	71105

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEST EFFORTSOccupation
BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 55
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

A. Full Name (Last, First, Middle Initial) PHILLIP WARDELL		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 10770 TY DR.		Transaction ID : SA11AI.4462	
City SHREVEPORT	State LA	Zip Code 71106	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer SELF EMPLOYED	Occupation BUSINESS OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) GEOFF WESTMORELAND		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2016	
Mailing Address 529 N. MARLBOROUGH CIRCLE		Transaction ID : SA11AI.4284	
City SHREVEPORT	State LA	Zip Code 71106	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer WEINER, WEISS & MADISON	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) ANITA M. WHITE		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2016	
Mailing Address 444 EVANGELINE PL.		Transaction ID : SA11AI.4292	
City SHREVEPORT	State LA	Zip Code 71106	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
SUBTOTAL of Receipts This Page (optional).....		4200.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

JIMMIE A. WHITMAN

A.

Mailing Address 4308 BENTON RD.

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOSSIER CITY MARSHALL'S OFFICE

Occupation

CITY MARSHALL

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THOMAS WILSON

B.

Mailing Address 1700 OLD MINDEN
SUITE 1400

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOSSIER CROSSROADS

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MICHAEL WOODS

C.

Mailing Address P.O. BOX 65300

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

OIL & GAS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3950.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

SCOTT YERGER**A.**

Mailing Address 805 WOODVALE AVE.

City

LAFAYETTE

State

LA

Zip Code

70503

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAFAYETTE GENERAL

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2016

Transaction ID : SA11Al.4377

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

145050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 55

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Mailing Address 801 G STREET NW

City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00452383

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11C.4556

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

3000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

A. GO BIG MEDIAMailing Address 1875 CONNECTICUT AVENUE, NW
10TH FLOOR

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
WEBSITE DESIGN

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		29		2016

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Transaction ID : SB17.4116

B. STRIPEMailing Address 3180 18TH STREET
SUITE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2016

Amount of Each Disbursement this Period

26.44

☐ Memo Item

Transaction ID : SB17.4183

C. STRIPEMailing Address 3180 18TH STREET
SUITE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2016

Amount of Each Disbursement this Period

4.95

☐ Memo Item

Transaction ID : SB17.4188

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4031.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

A. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2016

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.									
											8	.	8	8					

☐ Memo Item

Transaction ID : SB17.4201

B. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2016

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.									
											9	1	.	6	9				

☐ Memo Item

Transaction ID : SB17.4223

C. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2016

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.									
											1	2	.	1	1				

☐ Memo Item

Transaction ID : SB17.4233

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

112.68

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

A. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2016

Amount of Each Disbursement this Period

470.40

☐ Memo Item

Transaction ID : SB17.4242

B. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2016

Amount of Each Disbursement this Period

1.03

☐ Memo Item

Transaction ID : SB17.4245

C. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2016

Amount of Each Disbursement this Period

9.30

☐ Memo Item

Transaction ID : SB17.4256

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

480.73

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

A. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2016

Amount of Each Disbursement this Period

78.60

☐ Memo Item

Transaction ID : SB17.4260

B. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2016

Amount of Each Disbursement this Period

58.60

☐ Memo Item

Transaction ID : SB17.4269

C. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2016

Amount of Each Disbursement this Period

9.90

☐ Memo Item

Transaction ID : SB17.4331

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

147.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

A. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2016

Amount of Each Disbursement this Period

7.01

☐ Memo Item

Transaction ID : SB17.4355

B. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2016

Amount of Each Disbursement this Period

3.20

☐ Memo Item

Transaction ID : SB17.4358

C. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

Amount of Each Disbursement this Period

84.45

☐ Memo Item

Transaction ID : SB17.4371

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

94.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

A. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2016

Amount of Each Disbursement this Period

78.60

☐ Memo Item

Transaction ID : SB17.4374

B. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2016

Amount of Each Disbursement this Period

145.78

☐ Memo Item

Transaction ID : SB17.4385

C. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

39.81

☐ Memo Item

Transaction ID : SB17.4423

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

264.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

A. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

191.49

☐ Memo Item

Transaction ID : SB17.4441

B. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

448.48

☐ Memo Item

Transaction ID : SB17.4492

C. STRIPEMailing Address 3180 18TH STREET
SUITE 100City State Zip Code
SAN FRANCISCO CA 94110Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

136.18

☐ Memo Item

Transaction ID : SB17.4541

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

776.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)

A. THE POLITICAL FIRMMailing Address 5555 HILTON AVE.
SUITE 203City State Zip Code
BATON ROUGE LA 70808Purpose of Disbursement
POLITICAL CONSULTING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : SB17.4202

B. THE POLITICAL FIRMMailing Address 5555 HILTON AVE.
SUITE 203City State Zip Code
BATON ROUGE LA 70808Purpose of Disbursement
PRODUCTION COSTS MEDIA EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2016

Amount of Each Disbursement this Period

6464.95

☐ Memo Item

Transaction ID : SB17.4204

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7464.95

13371.85